



**Board for Barbers and Cosmetology
 REINSTATEMENT APPLICATION**

If your license expired more than 2 years ago, do not complete this Reinstatement Application.
 Instead, you must re-apply as a new applicant.

Select the license you are requesting. Select only **one**.

Type of License	Fee	Cosmetologist	Nail Tech	Wax Tech	Hair Braider	Barber	Tattooer
Individual	\$ 110.00	1201 <input type="checkbox"/>	1206 <input type="checkbox"/>	1214 <input type="checkbox"/>	1222 <input type="checkbox"/>	1301 <input type="checkbox"/>	1231 <input type="checkbox"/>
Individual w/ Instructor Certificate	\$ 230.00	1204 <input type="checkbox"/>	1207 <input type="checkbox"/>	1215 <input type="checkbox"/>		1302 <input type="checkbox"/>	1239 <input type="checkbox"/>
Salon or Shop	\$ 180.00	1202 <input type="checkbox"/>	1208 <input type="checkbox"/>	1218 <input type="checkbox"/>	1223 <input type="checkbox"/>	1304 <input type="checkbox"/>	1232 <input type="checkbox"/>
School	\$ 240.00	1205 <input type="checkbox"/>	1209 <input type="checkbox"/>	1219 <input type="checkbox"/>	1224 <input type="checkbox"/>	1303 <input type="checkbox"/>	1251 <input type="checkbox"/>

Type of License	Fee	Permanent Cosmetic Tattooer	Master Permanent Cosmetic Tattooer	Esthetician	Master Esthetician	Body Piercers	Body Piercers (Ears Only)
Individual	\$ 110.00	1236 <input type="checkbox"/>	1237 <input type="checkbox"/>	1261 <input type="checkbox"/>	1264 <input type="checkbox"/>	1241 <input type="checkbox"/>	1245 <input type="checkbox"/>
Individual w/ Instructor Certificate	\$ 230.00	1250 <input type="checkbox"/>		1262 <input type="checkbox"/>	1265 <input type="checkbox"/>		
Salon or Shop	\$ 180.00	1238 <input type="checkbox"/>		1266 <input type="checkbox"/>		1242 <input type="checkbox"/>	1246 <input type="checkbox"/>
School	\$ 240.00	1252 <input type="checkbox"/>		1267 <input type="checkbox"/>			

APPLICATION FEES ARE NOT REFUNDABLE

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

1. Virginia License Number _____ Expiration Date _____

Mr. ☐

2. Name Ms. ☐ _____
 Last First Middle Generation

3. Social Security Number or Virginia DMV Control Number* _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____

5. Street Address (PO Box not accepted) _____

 City State ZIP Code

6. Mailing Address (PO Box accepted) _____

 City State ZIP Code

FOR OFFICE USE ONLY	ENTITY #	FILE #	APPLICATION #	RECEIPT #	RECEIPT DATE
	FEE	TRANS CODE 4020	LICENSE # 1		ISSUE DATE

7. E-mail Address _____

8. Contact Numbers Primary Telephone _____ Ext. _____
 Alternate Telephone _____ Ext. _____
 Facsimile _____ _____

9. Are you applying to reinstate a salon, shop or school license?

Yes ☐

No ☐ If no, skip to item 17.

10. Salon, Shop or School Name _____

11. Trade Name of Salon/Shop or School _____

12. Federal Employer Identification Number _____

13. Salon, Shop or School Street Address _____
(PO Box not accepted) _____

City State ZIP Code

14. Salon, Shop or School Contact Numbers Primary Telephone _____ Ext. _____
 Facsimile _____ _____

15. Type of business. Select only one.

Sole Proprietorship ☐

General Partnership ☐

Corporation * ☐

Association ☐

Limited Partnership * ☐

Limited Liability Company * ☐

* If your business is a Corporation, Limited Liability Company or Limited Partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

16. Enter the name and Social Security number or Virginia DMV Control number of each owner or manager of the salon, shop or school. If additional space is needed, attached a separate sheet of paper.

Last Name	First Name	MI	Social Security No. *

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security number or a control number issued by the Virginia Department of Motor Vehicles.

17. List your reasons for failing to renew your license. If additional space is needed, attached a separate sheet of paper.

18. Have you, the salon, shop or school or any of the owners ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

19. Have you, the salon, shop or school or any of the owners ever been convicted in any jurisdiction of a misdemeanor or felony which directly relates to the profession of barbering, cosmetology or nail care?

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If additional space is needed, attach a separate sheet of paper.


Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

20. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I, the salon, the shop, the school or any of the owners is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I/the owners have read, understand, and have complied with, all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia*, and the *Virginia Board for Barbers and Cosmetology Regulations*. I also certify that I understand this affidavit.

Signature _____

Date _____

-  School applicants must attach a notarized statement that all students currently enrolled or seeking to enroll at the school have been notified in writing that the school's license expired. The Board will consider reinstatement if the school consents to, and satisfactorily passes an inspection of the school and its records maintained in accordance with the Board for Barbers and Cosmetology Regulations.